

Frank Lansville Scholarship Fund

Application Form

Name of Local No. 3 Member: _____

Address: _____

Phone No.: _____ Soc. Sec. No.: _____

Employer: _____

Name of Scholarship Applicant: _____

Relationship to Local No. 3 member _____
College/Apprenticeship Program/Trade School applicant is
Involved in: _____

Give a brief description of your career goals: _____

Include with this application: a receipt for your first semester tuition, or verification of completion of probationary period with an Apprenticeship program. **This scholarship if awarded to applicant is a one time only procedure.**

Union Member's Signature

Applicant's Signature

Do Not Write Below This Line!

This application is Approved / Disapproved by the Executive Board.

Date _____ Board Member's Signature _____

\$ _____
Amount _____ Check Number _____ Date Paid _____